

## Retail Food Establishment Inspection Report

Floyd County Health Department Telephone:812-948-4726

x660

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24. Indiana Retait Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Establishment Name  Telephone Number  Date of Inspection  PERMIT #							
				Telephone Number	Date of Inspection PERMIT # (mm/dd/yr)		
Establishment Address (number and street, city, state, zip code)				· ' '		1-0	19-171
Establishm	ient Addre	ss (ni	imber and street, city, state, zip code)	US 232 9557	5/19	1 20	' ' ' ' ' '
کامت ساد	w Alba	77	han Albung, 12 47150				
Owner				Purpose:	Follow-up Release Date		
Kryar Limited Partnership Owner's Address				1. Routine	No 10 days		
				Follow-up	Summary of Violations:		
Person in C	Change	> 10	3 Nachwitz, TN 3723)	3. Complaint			
Mah	_			4. Pre-Operational	Menu Type (See back of page)		
Responsibl		E. m	<u> </u>	5. Temporary			
			L D KROGER. COM	6. HACCP			
Certified F			L W MRUGEZ , COM.	7. Other (list)			
K.H.	والمعالمة المال	5	(12/2/24)		12	3	-4 <b>Z</b> -5
• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"							
• VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"							
Section#	C/NC	R	Narrative	···	To Be Corrected By		
256	NC	R	Observed themomber missing from po	1224 DAND cooler		Corl	ected
310	MC	P	Okured dist our deli prop men Corrected				
		2	Object 1 st Fr. 1 2 st / C				
2/10	-		Observed dust from duing cooler Fous Corrected.				
349	אנ	15	Observed no trash can readily anoulable at hot har handsiak Corrected				
433	ىرر	R	Observed map water needing drapped / map hang to day Corrected				
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